



## SELF-ADVOCACY LEADERSHIP SERIES APPLICATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Town/Zip Code: \_\_\_\_\_

Phone number/TTY: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

- Do you belong to any self-advocacy organization?

Yes \_\_\_\_\_ No \_\_\_\_\_

- If you do belong, what is it called?

\_\_\_\_\_

- What town is the group in? \_\_\_\_\_

- Will you be able to give a commitment to attend the Leadership Series over a period of ten weeks?

Yes \_\_\_\_\_ No \_\_\_\_\_

- Do you have someone who assists or supports you?

Yes \_\_\_\_\_ No \_\_\_\_\_

- What is the name of your support person? \_\_\_\_\_

- How can we contact your support person?

*Phone number: (# of support staff)* \_\_\_\_\_

- Do you have any special accommodations you would need to participate? For example, do you use a wheelchair; require large print or an interpreter? Do you have food allergies, or a special diet?

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- Do you enjoy learning new things?

Yes \_\_\_\_\_

No \_\_\_\_\_

- Do you like meeting new people?

Yes \_\_\_\_\_

No \_\_\_\_\_

- Do you think of yourself as someone who is important or who has special talents?

Yes \_\_\_\_\_

No \_\_\_\_\_

- Please tell us a little about yourself and why you are applying for the leadership series?

*You may add a page to this application if you need more room to write your answer.*

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**Due date: December 16, 2009** (*Extension date*)

Sandy Houghton

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